



**FORM**  
**NP-20A**  
State Form 51064  
10-03

Indiana Department of Revenue  
**Nonprofit Application for  
Sales Tax Exemption**

Part I				
Full Name of Organization  -----		This Area for Department Use Only		
				Type
Mailing Address				
City, State, Zip Code		County		
		Indiana Taxpayer Identification Number	Federal Identification Number	
Date Incorporated or Formed:	Enter the Month Your Accounting Period Ends:			
What is the predominant purpose of your organization?				
Part II				
1. Indicate type of qualifying organization named in I.C. 6-2.5-5-21 (Check only one box in A, B, or C).				
A. Organized specifically as a:				
<input type="checkbox"/> (1) Church <input type="checkbox"/> (3) Monastery/Convent <input type="checkbox"/> (5) Departmental Use Only <input type="checkbox"/> (7) Pension Trust <input type="checkbox"/> (2) Hospital <input type="checkbox"/> (4) Parochial School <input type="checkbox"/> (6) Labor Union <input type="checkbox"/> (8) Veterans Group				
B. Organized and operated for one of the following reasons:				
<input type="checkbox"/> (1) Religious <input type="checkbox"/> (3) Scientific <input type="checkbox"/> (5) Educational <input type="checkbox"/> (7) VEBA <input type="checkbox"/> (2) Charitable <input type="checkbox"/> (4) Literary <input type="checkbox"/> (6) Civic <input type="checkbox"/> (8) Student Co-operative Housing				
C. Organized and operated as one of the following entities:				
<input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies) <input type="checkbox"/> (2) Departmental Use Only <input type="checkbox"/> (4) Business Association <input type="checkbox"/> (3) Business League				
2. Does your organization sell or rent personal property for more than 30 days in a calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes				
3. Is this organization a local affiliate of a national or parent organization? <input type="checkbox"/> No <input type="checkbox"/> Yes--If so enter name and address of national or parent organization.				
4. Has this organization previously applied for Indiana exempt status? <input type="checkbox"/> No <input type="checkbox"/> Yes--If so, please indicate previous registration number.				
<b>IMPORTANT --Attach one of the following documents that apply to your organization.</b>  (a) Copy of federal determination letter (ruling from the Internal Revenue Service) showing the section of the Internal Revenue Code exemption from federal tax has been granted. To obtain a copy of federal determination letter or to apply for federal exemption Contact the IRS at: 1-877-829-5500 (b) If incorporated, a copy of Articles of Incorporation and Bylaws. If not incorporated, a copy of Constitution and/or Bylaws, Articles of Association, Declaration of Trust, copies of amendments, and any changes presently proposed.  <b>Mail To:</b> Indiana Department of Revenue Nonprofit Section, Room N203 100 North Senate Avenue Indianapolis, Indiana 46204-2253 (317) 232-2188  <i>I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct and complete.</i>				
Name of person(s) to contact		Daytime telephone number(s)		Email Address
Signature		Title		Date Signed